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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE ROENTGEN RAY TREATMENT OF SWEATING HANDS.—*The Medical Record*, quoting from a German journal, says: Kromayer says that while excessive sweating of the hands or feet can often be controlled by the use of remedial applications, such as chromic acid, formalin, hydrochloric acid, etc., there are some cases in which these fail. Sweating hands are not only a source of discomfort to their possessor, but a positive detriment from the social and business standpoint. The observation that the hands of Roentgen ray workers become very dry led him to investigate the effect of the rays in cases of this sort. While it has not been found feasible to make use of the Roentgen rays as means of destroying superfluous hair owing to the fact that in order to secure permanent atrophy of the hair follicles too great alteration of the skin as a whole must be caused, it appears that the functional activity of the sweat glands may be abrogated without undue risk. The rays must be applied in considerable intensity, however, and in order to do this safely it is necessary to have an exact means of quantitative control. This the author has found can best be accomplished by measurement of the amount of electrical energy consumed by the tube while in operation, and he gives the details of the method in which this principle may be applied in practice. Three cases of excessive sweating of the hands cured in this way are described.

CARE OF THE NEW BORN.—Dr. De Witt H. Sherman in a paper in *The New York Medical Journal* speaks of some often neglected precautions during the first week of infant life. He emphasizes the importance of warmth as refrigeration produces a shock, which is momentous to the newly born. The temperature should be taken by rectum and kept above 98° F.

Pain sometimes arises from the fact that too little water is given. Post-mortem examination has sometimes shown orange or light-red color in the kidneys near the pyramids usually due to the ammonium urate,

amorphous urates or uric acid crystals. They are easily washed away with water especially if it contains an alkali. This simple remedy often relieves pain too commonly treated by castor oil. He gives as a routine treatment a little weak sodium bicarbonate water during the first two days of life. He considers the rougher methods of artificial respiration as one cause of physical depression and recommends Byrd's method. The infant lies with its back on the palm of the hand, two fingers supporting its head. The thumb presses one side the chest, the fourth and little fingers the other. The other hand grasps the legs and bends the thighs on the abdomen. As they compress it the chest also can be compressed. As the thighs are extended and the body arched backwards the chest can be released. It can be performed in a warm bath if necessary. He considers the best dressing for the cord a dry sterile gauze, or linen, so applied as to prevent contamination. Gallant recommends Balsam of Peru one part to castor oil sixteen parts, both sterile, applied to the base with a thick dressing of sterile gauze for the cord, the whole held to the abdomen by adhesive straps and changed when soiled, or every third or fourth day under aseptic precautions.

FOR ACUTE CORYZA.—*The New York Medical Journal* says: Boulay employs a solution of atropine sulphate of a definite strength applied to the nasal mucous membrane by means of a swab. According to *La Clinique*, for September 6, 1907, he has employed this method in the case of adults for years with excellent results. The solution is made according to the following formula:

Atropinæ sulphatis.....	0.01 gramme
Aquæ laurocerasi.....	20.0 grammes
Aquæ destillatæ.....	20.0 grammes

Absorbent cotton tightly wrapped around the end of a match [or wooden toothpick] is soaked in the solution and swabbed on the nasal mucous membrane, repeating every half hour at first, and then every hour if necessary, but not oftener than eight or ten times in the day. It is not advised to use the treatment where there is obstruction of the nasal passages.

THE CONTAGIOUSNESS OF FOLLICULAR TONSILITIS.—The contagiousness of follicular tonsilitis is pointed out by a writer in the *Journal of the American Medical Association*, for January 4, who advises treat-

ing it with the same local antiseptics and the same preventive measures against giving the disease to others as are used against diphtheria. It seems to be proved that many attacks of acute inflammatory rheumatism begin by the germ entering the system by the way of the tonsils, even if follicular tonsilitis is not present. On the other hand an apparently typical follicular tonsilitis often precedes rheumatic symptoms.

POTASSIUM PERMANGANATE AS A STYPTIC.—*The New York Medical Journal* has the following: Dzirne (*Vratchebnaya Gazeta* and *The Prescriber*) has succeeded in checking capillary oozing in operation on parenchymatous organs by applying to the orifice of the bleeding vessel a small crystal of potassium permanganate held with forceps. If there is general oozing from the surface he recommends making pressure with a compress of gauze dipped in crystals of permanganate. At the point of contact an eschar is formed upon the wounded surface, and the bleeding stops. The crystals are preferred to the powdered permanganate, because a smaller quantity can be used to produce the desired effect. The author has never observed any injurious effect from the permanganate.

THREE THOUSAND ETHYL CHLORIDE NARCOSES.—*The Medical Record*, in a synopsis of an article in a German Medical Journal, says: Herrenknecht, who has conducted three thousand anesthetics with ethyl chloride without any mishap, considers that when carefully used by those experienced in its administration it is the safest anesthetic at our disposal, not excepting laughing gas. In five cases of the series anesthesia could not be induced owing to the great restlessness of the patients while in the first stage of excitement. The action of the anesthetic may be divided into four stages: First, the pre-narcotic analgesic stage; second, the stage of excitement; third, the stage of deep sleep, and four, the post-narcotic analgesic stage. If the patient shows signs of awakening before the surgical procedure has been finished, a second anesthesia may immediately be begun, but in general for operations that are likely to consume more than five minutes it is preferable to begin with ethyl-chloride and continue with ether or chloroform. Operations requiring only half to one minute may be performed in the pre-narcotic stage. During this the patient is conscious, but has little or no sensibility to pain. Healthy persons are able to walk home alone immediately after the operation. An important observation is that during the anesthesia erotic delusions are often present, so that especially

in dealing with women it is desirable to have witnesses at hand. The author uses an Esmarch chloroform mask with an impermeable covering leaving an empty space between the covering and the flannel. A small circular opening is cut in the covering and through this the anesthetic is sprayed on the flannel. The edge of the rubber covering extends beyond the mask, so that it may be closely adapted to the features of the patient by the fingers of an assistant. Ordinarily 2-3 g. of ethyl chloride are sufficient to produce anesthesia, 5 g. being but rarely necessary.

ANNUAL LOSS DUE TO TUBERCULOSIS.—The Monthly Bulletin of the New York State Department of Health is authority for the statement that tuberculosis occasions the United States an annual loss of at least three hundred and thirty million dollars.

INCONSISTENCIES OF GAUZE PACK.—*The Journal of the American Medical Association* reports that: DR. HUBERT A. ROYSTER, Raleigh, N. C., said that a strip of gauze is simply a means of applying the law of capillary attraction. Rubber tube and tissue have been substituted, because the gauze so frequently fails to drain, acting as a successful stopper to the outlet. When intended for a drain, gauze should be inserted after the manner of a lamp-wick; when used for hemorrhage, it should be packed in like wadding with a ramrod. There is a field for gauze in packing sinuses, fistulæ and granulating wounds, so that healing may take place slowly from the bottom. The use of gauze to wall off septic matter in abdominal operations is fraught with danger. It necessitates a long incision, undue handling of the viscera, and almost always uninfected regions are in contact with pus-soaked gauze. Exposure of the peritoneum to gauze soaked with pus is just as dangerous as the presence of pus itself among the intestines.

RETURN CASES IN SCARLET FEVER.—The same journal quoting from *The British Medical Journal*, says: Habgood points out that of recent years it has been recognized that when "return cases" of scarlet fever occur, the discharged patient will be found to have some purulent or mucopurulent discharge. He thinks that many patients, when sent out free from any nasal discharge, may not at the time be infectious, but that the occurrence of an ordinary attack of nasal catarrh may renew the activity of a few quiescent scarlet fever germs.